

<b>Case Number:</b>	CM14-0156596		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 6/14/2010. No mechanism of injury was provided for review. Patient has a diagnosis of chondromalacia of the knee and report states R knee previous arthroscopy time 2 for medial and lateral meniscus tears and chondroplasty of patellar chondromalacia and medial compartment chondral injury. Medical reports reviewed. Last report available until 8/21/14. Patient complains of R knee pain. Reports some improvement after steroid injection. Objective exam reveals normal gait. Range of motion is mildly decreased with mild effusion. Crepitance to patellofemoral and mild patellofemoral grind test. Mild tenderness to joint line with negative McMurray, Stable knee. Mildly decreased quadriceps mass. Note mentions that patient has "early arthritic changes within patellofemoral and medial compartment of knees". Has reportedly undergone steroid injection and physical therapy. No imaging reports were provided for review. No medication list was provided for review, only Lodine was noted in a progress note. Independent Medical Review is for R knee Synvisc injection using ultrasound guidance. Prior UR on 9/4/2014 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Right Knee Synvisc 1 injection using ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid injections

**Decision rationale:** The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines(ODG) recommend it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. It is recommended for severe arthritis and to prevent surgery such as total knee replacement. Basic criteria are: 1) severe osteoarthritis: Fails criteria. Provider reported "mild" osteoarthritis. Also does not meet criteria as per American College of Rheumatology criteria. 2) Failure to adequately respond to steroid injection. Meets criteria. 3) Failure of pharmacologic and conservative therapy. Documentation fails to meet this criteria. Provider has failed to provide documentation of medications and prior pharmacologic therapy. Physical therapy was reportedly helping symptoms but no additional mention of response was provided. 4) Other joint pains: Patient has known chondromalacia patellae which is not an indication for injection. Patient fails multiple criteria to recommend Synvisc injection. Synvisc injection is not medically necessary.